



Inspection ID # \_\_\_\_\_

**INDIVIDUAL PREPARATION LOG**

Page 1 of \_\_\_\_

Inspector's Name: \_\_\_\_\_ Date Package Received \_\_\_\_\_

Date Preparation Complete: \_\_\_\_\_

Preparation Log:	Date	Time Expended
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Total Hours \_\_\_\_\_

**DEFECTS/CONCERNS**

#

①

Location(s)


Description


Suggested Classification

Major Defect <input type="checkbox"/>	Missing <input type="checkbox"/>
Minor Defect <input type="checkbox"/>	Wrong <input type="checkbox"/>
Open Issue <input type="checkbox"/>	Extra <input type="checkbox"/>
Type <input type="text"/>	Origin <input type="text"/>

②

Location(s)


Description


Suggested Classification

Major Defect <input type="checkbox"/>	Missing <input type="checkbox"/>
Minor Defect <input type="checkbox"/>	Wrong <input type="checkbox"/>
Open Issue <input type="checkbox"/>	Extra <input type="checkbox"/>
Type <input type="text"/>	Origin <input type="text"/>

③

Location(s)


Description


Suggested Classification

Major Defect <input type="checkbox"/>	Missing <input type="checkbox"/>
Minor Defect <input type="checkbox"/>	Wrong <input type="checkbox"/>
Open Issue <input type="checkbox"/>	Extra <input type="checkbox"/>
Type <input type="text"/>	Origin <input type="text"/>

④

Location(s)


Description


Suggested Classification

Major Defect <input type="checkbox"/>	Missing <input type="checkbox"/>
Minor Defect <input type="checkbox"/>	Wrong <input type="checkbox"/>
Open Issue <input type="checkbox"/>	Extra <input type="checkbox"/>
Type <input type="text"/>	Origin <input type="text"/>

The moderator needs to receive this form at least 4 hours before the scheduled inspection meeting.  
Please return in a timely manner with the appropriate box checked below.

- ☐ I am prepared for my role in the inspection
- ☐ Please reschedule this inspection because I need more preparation time
- ☐ Do not reschedule this inspection, I will be prepared in time for the inspection



## DEFECTS/CONCERNS

Inspection ID # \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

#

Location(s)

Description

Suggested Classification



Major Defect ☐

Missing ☐

Minor Defect ☐

Wrong ☐

Open Issue ☐

Extra ☐

Type

Origin

Location(s)

Description

Suggested Classification



Major Defect ☐

Missing ☐

Minor Defect ☐

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Major Defect ☐

Missing ☐

Minor Defect ☐

Wrong ☐

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Major Defect ☐

Missing ☐

Minor Defect ☐

Wrong ☐

Open Issue ☐

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Major Defect ☐

Missing ☐

Minor Defect ☐

Wrong ☐

Open Issue ☐

Extra ☐

Type

Origin

Location(s)

Description

Suggested Classification



Major Defect ☐

Missing ☐

Minor Defect ☐

Wrong ☐

Open Issue ☐

Extra ☐

Type

Origin